

State:	District of Columbia	Filing Company:	Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI:	H20G Group Health - Vision/H20G.000 Health - Vision		
Product Name:	Filing #1849 GHMSI DC 65+ Group Vision Filing		
Project Name/Number:	DC GHMSI DC Large Group 65+ Vision eff 201307/1849		

Rate Information

Rate data applies to filing.

Filing Method:	Electronic
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Group Hospitalization and Medical Services, Inc.	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		1849 GHMSI DC 65+ Group Vision Filing	listed in the rate filing	New		1849 GHMSI DC 65+ Group Vision Filing_Rate Filing.pdf

CAREFIRST BLUECROSS BLUESHIELD



Large Group Accounts

Vision Rates Effective 7/01/2013

GHMSI dba CareFirst BlueCross BlueShield
Form Numbers

DC/CF/MC BV C (1/13)

DC/CF/MC BV B (1/13)

GHMSI dba CareFirst BlueCross BlueShield

LARGE GROUP ACCOUNTS OF 51+ CONTRACTS

Effective 7/01/2013

Group Retiree Vision Benefits

Employer Sponsored

<u>PLAN DESIGN SUMMARY*</u>	<u>Individual Net Premium</u>
------------------------------------	--

Option B: \$10 exam copay/12/12/24 benefit period

\$10 Exam Copay

Frame and Contact Lens Allowances: \$130

\$3.54

Option C: \$0 exam copay/12/12/12 benefit period

\$0 Exam Copay

Frame and Contact Lens Allowances: \$130

\$3.86

* Benefit period for Exam/Lenses/Frames

GHMSI dba CareFirst BlueCross BlueShield

LARGE GROUP ACCOUNTS OF 51+ CONTRACTS

Effective 7/01/2013

Group Retiree Vision Benefits

Voluntary

<u>PLAN DESIGN SUMMARY*</u>	<u>Individual Net Premium</u>
------------------------------------	--

Option B: \$10 exam copay/12/12/24 benefit period

\$10 Exam Copay

Frame and Contact Lens Allowances: \$130

\$4.45

Option C: \$0 exam copay/12/12/12 benefit period

\$0 Exam Copay

Frame and Contact Lens Allowances: \$130

\$5.60

* Benefit period for Exam/Lenses/Frames

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Product Name:	Filing #1849 GHMSI DC 65+ Group Vision Filing		
Project Name/Number:	DC GHMSI DC Large Group 65+ Vision eff 201307/1849		

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Cover Letter All Filings		
Bypass Reason:	Description of the filing is in the Actuarial Memorandum (page 2).		

		Item Status:	Status Date:
Bypassed - Item:	Certificate of Authority to File		
Bypass Reason:	Not Applicable.		

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Memorandum		
Comments:			
Attachment(s):			
	1849 GHMSI DC 65+ Group Vision Filing_Actuarial Memorandum.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Justification		
Comments:			
Attachment(s):			
	1849 GHMSI DC 65+ Group Vision Filing_Actuarial Memorandum.pdf		

		Item Status:	Status Date:
Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)		
Bypass Reason:	Not Applicable		

		Item Status:	Status Date:
Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		
Bypass Reason:	Not Applicable		

Item Status:	Status Date:
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State:	District of Columbia	Filing Company:	Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI:	H20G Group Health - Vision/H20G.000 Health - Vision		
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Project Name/Number:	DC GHMSI DC Large Group 65+ Vision eff 201307/1849		

Bypassed - Item:	Rate Summary Worksheet		
Bypass Reason:	Not Applicable.		

		Item Status:	Status Date:
Satisfied - Item:	NAIC Transmittal Doc		
Comments:			
Attachment(s):			
1621 GHMSI NAIC Transmittal Doc.pdf			

Group Hospitalization & Medical Services, Inc. (GHMSI)
NAIC #53007

LARGE GROUP ACCOUNTS OF 51+ CONTRACTS

Group Retiree Vision Benefits

Effective 7/01/2013

Actuarial Memorandum

CareFirst BlueCross BlueShield

Rate Filing Summary (Filing #1849)

This submission pertains to the new product offering for the large group vision business of GHMSI. The proposed effective date is 7/01/2013.

CFBCBS is proposing to launch a new line of BlueVision Plus plans. The 2 new plans mirror the existing Large Group Options B and C (Option B: \$10 exam copay with 12/12/12 benefit periods and Option C: \$0 exam copay with 12/12/24 benefit periods for exam/lenses/frames) and will be offered both as employer-sponsored and voluntary plans. These plans will be sold alongside the Group Medicare Supplemental plans recently filed by the company. These options are proposed to have different rates than the existing large group Options B and C. These plans augment but do not replace the existing Options B and C.

Since Davis Vision administers CFBCBS vision plans, they provided the capitation rates for the new plans. These capitations are in this filing as the net premiums for these benefits.

There are no participation or contribution limits for the voluntary plans. If the employer contribution is less than 50% of the cost of the Individual Coverage for enrolled employees, then it will be voluntary.

The rating methodology of these plans will match that of the existing employer-sponsored plans for groups of 51-199 and groups over 200. The quoting methodology, renewal methodology and underwriter discretion previously filed and approved in this market segment will apply to the new benefits. These benefits will be offered on an individual basis only.

These plans will not be age rated.

Form Numbers pertaining to this filing:

DC/CF/MC BV C (1/13)


DC/CF/MC BV B (1/13)

ACTUARIAL CERTIFICATION

I, Dwayne Lucado, am a Pricing Actuary with Group Hospitalization and Medical Services, Inc. (GHMSI) doing business as CareFirst BlueCross BlueShield and a member of the American Academy of Actuaries. I have been involved in the development of these rates.

To the best of my knowledge and judgment, this rate filing complies with applicable laws and regulations of the District of Columbia and produces premiums that are reasonable in relation to benefits provided.

**Dwayne
Lucado**

 Digitally signed by Dwayne Lucado
DN: cn=Dwayne Lucado, o=CareFirst
BlueCross BlueShield, ou=Actuarial Pricing
Department,
email=dwayne.lucado@carefirst.com, c=US
Date: 2013.02.04 14:15:00 -05'00'

Dwayne Lucado, FSA, MAAA
Associate Actuary
CareFirst BlueCross BlueShield
Mail Drop-Point 01-780
Pricing Department
10455 Mill Run Circle
Owings Mills, MD 21117

CareFirst BlueCross BlueShield
LARGE GROUP ACCOUNTS OF 51+ CONTRACTS
Group Retiree Vision Benefits
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2	Rate Filing Summary
3	Actuarial Certification
4	Table of Contents
5	Benefit Comparison
6	BlueVision Plus Capitation Rates
7	Tier Factors

CareFirst BlueCross BlueShield
LARGE GROUP ACCOUNTS OF 51+ CONTRACTS
Group Retiree Vision Benefits - Benefit Comparison

In-Network Benefits	New BlueVision Plus Plans		
	Option B	Option C	Out-of Network Benefit
Frequency-Once Every:	Frequencies		
Eye Health Examination inclusive of Dilation (when professionally indicated)	12 months	12 months	
Spectacle Lenses	12 months	12 months	
Frame	24 months	12 months	
Contact Lens Evaluation, Fitting & Follow-Up Care	12 months	12 months	
Contact Lenses (in lieu of eyeglasses)	12 months	12 months	
Copayments	Member Charges		Reimbursement
Eye Health Examination	\$10	\$0	Up to \$45
Contact Lens Evaluation, Fitting & Follow-Up Care	\$20		NA
Eyeglass Benefit - Frame	Member Charges		Reimbursement
Davis Vision Tower Collection	\$0		NA
Non-Collection Frame Allowance (retail price, except where noted)	Up to \$130		Up to \$60
Eyeglass Benefit - Spectacle Lenses	Member Charges		Reimbursement
Basic Single Vision Lenses	\$20		Up to \$52
Basic Bifocal Lenses	\$20		Up to \$82
Basic Trifocal Lenses	\$20		Up to \$101
Lenticular Lenses	\$20		Up to \$181
Contact Lens Benefit	Allowances		Reimbursement
Non-Collection Single Vision Contact Lenses: Materials Allowance	Up to \$130		Up to \$112
Non-Collection Bifocal Contact Lenses: Materials Allowance	Up to \$130		Up to \$127
Evaluation, Fitting & Follow-Up Care - Standard Lens Types	Included		Up to \$60
Evaluation, Fitting & Follow-Up Care - Specialty Lens Types	Up to \$60		Up to \$60
Collection Contact Lenses	Included		NA
Medically Necessary Contact Lenses	Included		Up to \$285

**CareFirst BlueCross BlueShield
Group Retiree Vision Benefits
BlueVision Plus Proposed Book Rates**

Book Rates - Net Premiums Effective 7/01/2013		
New BlueVision Plus Options*:	Employer-Sponsored	Voluntary
Option B: \$10 exam copay/12/12/24 benefit period	\$3.54	\$4.45
Option C: \$0 exam copay/12/12/12 benefit period	\$3.86	\$5.60

* The rates shown are on a per contract per month basis. The new proposed BlueVision Plus benefits are administered through a capitation arrangement with our vision vendor, Davis Vision. Net premiums shown are equal to the capitation rates from Davis Vision.

CareFirst BlueCross BlueShield (GHMSI)
LARGE GROUP ACCOUNTS OF 51+ CONTRACTS
TIER & FREESTANDING FACTORS Effective 7/01/2013

<u>TIER STRUCTUR E</u>	<u>CONTRACT TYPE</u>	<u>TIER FACTORS</u>
	INDIVIDUAL	1.00

Group Hospitalization & Medical Services, Inc. (GHMSI)
NAIC #53007

LARGE GROUP ACCOUNTS OF 51+ CONTRACTS

Group Retiree Vision Benefits

Effective 7/01/2013

Actuarial Memorandum

CareFirst BlueCross BlueShield

Rate Filing Summary (Filing #1849)

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DC/CF/MC BV C (1/13)


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To the best of my knowledge and judgment, this rate filing complies with applicable laws and regulations of the District of Columbia and produces premiums that are reasonable in relation to benefits provided.

Dwayne
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 Digitally signed by Dwayne Lucado
DN: cn=Dwayne Lucado, o=CareFirst
BlueCross BlueShield, ou=Actuarial Pricing
Department,
email=dwayne.lucado@carefirst.com, c=US
Date: 2013.02.04 14:15:00 -05'00'

Dwayne Lucado, FSA, MAAA
Associate Actuary
CareFirst BlueCross BlueShield
Mail Drop-Point 01-780
Pricing Department
10455 Mill Run Circle
Owings Mills, MD 21117

CareFirst BlueCross BlueShield
LARGE GROUP ACCOUNTS OF 51+ CONTRACTS
Group Retiree Vision Benefits
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LARGE GROUP ACCOUNTS OF 51+ CONTRACTS
Group Retiree Vision Benefits - Benefit Comparison

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Copayments	Member Charges		Reimbursement
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Davis Vision Tower Collection	\$0		NA
Non-Collection Frame Allowance (retail price, except where noted)	Up to \$130		Up to \$60
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**CareFirst BlueCross BlueShield
Group Retiree Vision Benefits
BlueVision Plus Proposed Book Rates**

Book Rates - Net Premiums Effective 7/01/2013		
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CareFirst BlueCross BlueShield (GHMSI)
LARGE GROUP ACCOUNTS OF 51+ CONTRACTS
TIER & FREESTANDING FACTORS Effective 7/01/2013

<u>TIER STRUCTUR E</u>	<u>CONTRACT TYPE</u>	<u>TIER FACTORS</u>
	INDIVIDUAL	1.00

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	District of Columbia					
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2.	Department Use Only						
	State Tracking ID						

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Group Hospitalization and Medical Services, Inc. 840 First Street NE Washington, DC 20065	District of Columbia	Hospital, Medical & Dental Service or Indemnity		53007	53-0078070	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Anna Guloy 10455 Mill Run Circle Owings Mills, MD 21117	(410) 998 - 5098	(410) 998 - 7704	anna.guloy@carefirst.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
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6.	Company Tracking Number	1621				
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # <u>N/A</u>
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Group <input type="checkbox"/> Employer <input type="checkbox"/> Discretionary <input type="checkbox"/> Other: _____ </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Association <input type="checkbox"/> Trust <input type="checkbox"/> Blanket </div> </div>				
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9.	Type of Insurance	H10G Group Health-Dental				
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10.	Product Coding Matrix Filing Code	H10G.000 Health-Dental				
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11.	Submitted Documents	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div style="width: 40%;"> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other </div> <div style="width: 20%;"> <input type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> Rates <input checked="" type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate				
		<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____				
		SUPPORTING DOCUMENTATION <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div style="width: 40%;"> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input checked="" type="checkbox"/> Certifications </div> </div>				

12.	Filing Submission Date	06/27/2011	
13	Filing Fee (If required)	Amount _____	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval		
15.	Filing Description:		
<p>This filing contains the rate proposal for the new Group Hospitalization and Medical Services, Inc. dba CareFirst BlueCross BlueShield's Small Group (2-50 contracts) Voluntary Dental plans, with an effective date of October 1, 2011. Please refer to the Actuarial Memorandum (Supporting Documentation) and Rate filing (Rate/Rule Schedule) for more details.</p>			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> View Complete Filing Description </div>			

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>District of Columbia</u>.</p>		
Print Name <u>Dwayne Lucado, F.S.A., M.A.A.A.</u>		Title <u>Assistant Actuary</u>
Signature <u>Dwayne Lucado</u>		Date: <u>6/24/2011</u>

Digitally signed by Dwayne Lucado
DN: cn=Dwayne Lucado, o=CareFirst BlueCross BlueShield, ou=Actuarial Pricing Department, email=dwayne.lucado@carefirst.com, c=US
Date: 2011.06.24 10:00:00 -0400

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number			1621	
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing			0.0 %	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Rate Filing #1621 This filing contains the proposed rates for GHMSI Small Group Voluntary Dental plans.	DC/CF/DO-DOCS (R. 10/11) DC/GRP APP (R. 10/11)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02		and any required amendments	<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1